

**Montana Petroleum Tank Release Compensation Board
Acknowledgment of Payment
Form 6**

This form acknowledges that payment for invoice(s) as shown below has been received and deposited or cashed. **If this form is not submitted with a claim for reimbursement, the correct claim number must be entered in the space provided above.**

1. Facility location information.

Name of Facility:

Street Address:

City:

State:

Facility ID #:

2. Claim Number

3. Information regarding the invoice(s) for which payment has been received.

| Invoice # | Invoice Date | Invoiced Amount | Amount Received | Name of Company/Individual that paid you |
|-----------|--------------|-----------------|-----------------|------------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I acknowledge receipt of payment as shown above.

Signature

Date

Signature Name (Typed or Printed)

Daytime Phone

Title

Company Name

Submit completed form to:

Petroleum Tank Release Compensation Board
PO Box 200902
Helena, MT 59620-0902